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valid OMB control number. 913.6600CIP Attorney Docket Number DECLARATION FOR UTILITY OR Li Fang **First Named Inventor DESIGN** COMPLETE IF KNOWN PATENT APPLICATION Application Number (37 CFR 1.63) April 19, 2000 Filing Date □ Declaration Declaration Group Art Unit Submitted after Initial OR Submitted Filing (surcharge with Initial Examiner Name

(37 CFR 1.16 (e))

required)

| As a below named inventor, I her | | | • | | | | | | |
|--|--|--|---|--|--|--|--|--|--|
| My residence, post office address, | and citizenship are as stated | below next to my name. | | | | | | | |
| I believe I am the original, first and names are listed below) of the sub | sole inventor (if only one nam ject matter which is claimed a | ne is listed below) or an original, nd for which a patent is sought o | first and joint invent on the invention enti | tor (if plural | | | | | |
| names are listed below) of the sub COLD-SHOCK REGUI USE | ATORY ELEMENT | S, CONSTRUCTS THE | EREOF, AND | METHODS OF | | | | | |
| the specification of which | (Title | of the Invention) | • | | | | | | |
| is attached hereto OR was filed on (MM/DD/YYY | Y) April 19, 2000 |) as United | States Application N | Number or PCT International | | | | | |
| | | | | (if applicable). | | | | | |
| Application Number and was amended on (MM/DD/YYYY) (In opposition). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as | | | | | | | | | |
| amended by any amendment spec | illically forcified to annual | | | | | | | | |
| I acknowledge the duty to disclose | information which is material | to patentability as defined in the | | | | | | | |
| hereby claim foreign priority beneinty PCT International application vivelow, by checking the box, any fothat of the application on which priority. | reign application for patent or | d) or 365(b) of any foreign appl country other than the United r inventor's certificate, or of any | States of America, PCT international 6 | tor inventor's certificate, or 365(a) of listed below and have also identified application having a filing date before | | | | | |
| Prior Foreign Application | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? YES NO | | | | | |
| Number(s) | County | | | | | | | | |
| | tieted on a cumpl | emental priority data sheet PTO | /SB/02B attached h | ereto: | | | | | |
| Additional foreign application I hereby claim the benefit under | numbers are listed on a suppli | emental priority data sheet PTO | (s) listed below. | | | | | | |
| | Filing Date | e (MM/DD/YYYY) | | | | | | | |
| Application Number(s) 60/096,938 60/143,380 | August 20, 1 | | Additional provisional | | | | | | |
| | | [Page 1 of 2] | | "- runon the needs of the indiv | | | | | |

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DECLARATION -- Supplemental Priority Data Sheet

| Additional foreign applic | eations: | | | | | | |
|-------------------------------|-----------------------|---------------------|---|--------------------------|--|--|--|
| Prior Foreign Application | | Foreign Filing Date | Priority | Certified Copy Attached? | | | |
| Number(s) | Country | (MM/DD/YYYY) | Not Claimed | YES NO | | | |
| | | | | | | | |
| Additional provisional a | applications: | | <u></u> | | | | |
| | cation Number | | Filing Date (I | MM/DD/YYYY) | | | |
| | | | | | | | |
| Additional U.S. application | ons: | | | | | | |
| U.S. Parent Applica Number | t Parent Fi (MM/DD | ling Date VYYYY) | Parent Patent Number (if applicable) | | | | |
| 07/852,013 | | | | | | | |

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| | PTO/SB/01 (12-97) |
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DECLARATION—Utility or Design Patent Application

| U. S. Parent Application or PCT Parent Number (MM/DD/YYYY) (if applicable) PCT/US99/19030 09/293,427 08/769,945 08/203,806 Additional U.S. or PCT international application numbers are listed on a supplemental privily data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent on Parent Patent Number OR Registration Number Number Islaed below Registration Number Registration number listed below Registration Number OR Correspondence to: Customer Number or Bar Code Label Name Gerard Weiser - IP Department Address Schnader Harrison Segal & Lewis LLP Address 1600 Market Street, Suite 3600 City Philadelphia State PA ZIP 19103 | , | | | | | | | | |
|--|---------------------------------|--|--|--|--|--|--|--|--|
| PCT/US99/19030 09/293,427 08/769,945 08/203,806 April 16, 1999 December 19, 1996 March 1, 1994 Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Customer Number OR Registered practitioner(s) name/registration number listed below Name Registration Number Name Registration Number Registration Number O22469 OR Customer Number Registration Number Additional registered practitioner(s) name/registration sheet PTO/SB/02C attached hereto. Direct all correspondence to: Customer Number or Bar Code Label Registration Number | | | | | | | | | |
| 09/293,427 08/769,945 08/203,806 April 16, 1999 December 19, 1996 March 1, 1994 Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to triansact all business in the Patent and Trademark Office connected therewith: Customer Number OR Registered practitioner(s) name/registration number listed below Registration Name Registration Number Name Registration Number OR Customer Number or Bar Code Label Name Gerard Weiser - IP Department Address Address 1600 Market Street, Suite 3600 | , | | | | | | | | |
| December 19, 1996 March 1, 1994 Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Customer Number Customer Number OR Registered practitioner(s) name/registration number listed below Registration Number Name Registration Number Name Registration Number O22469 OR Registration Number Registration Number Name Registration Number Registration Number O22469 OR Customer Number O22469 OR Customer Number O22469 OR Correspondence address below Name Gerard Weiser - IP Department Address Schnader Harrison Segal & Lewis LLP Address 1600 Market Street, Suite 3600 | , | | | | | | | | |
| March 1, 1994 Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number Customer Number OR Registration Name Registration Number Number Registration Number Number O22469 OR Registration number listed below Registration Number Registration Number O22469 OR Correspondence address below Bar Code Label Name Gerard Weiser - IP Department Address Address 1600 Market Street, Suite 3600 | ,, | | | | | | | | |
| Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent O22469 Place Customer Number O22469 Place Customer Number OR Registered practitioner(s) name/registration number listed below Name Registration Number Name Registration Number Name Registration Number Num | ,, | | | | | | | | |
| As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Outstomer Number OR Registered practitioner(s) name/registration number listed below Registration Name Registration Name Registration Number Registration Number Registration Number Registration Number Registration Number Registration Number Registration Number Registration Number Registration Number Registration Number Registration Number Registration Number Registration Number Registration Number Registration Number Registration Number Registration Number Registration Number Registration Number Registration Number Regist | , | | | | | | | | |
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| Registered practitioner(s) name/registration number listed below Name Registration Number Name Registration Number Name Registration Number Number Name Registration Number Number Name Registration Number Number Number Name Name Name Registration Number Number Number Number Number Number Number Name Name | , | | | | | | | | |
| Name Name Number Number Name Number Numb | , | | | | | | | | |
| Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: Customer Number or Bar Code Label 022469 OR Correspondence address below | , | | | | | | | | |
| Direct all correspondence to: Customer Number or Bar Code Label 022469 OR Correspondence address below | , | | | | | | | | |
| Direct all correspondence to: Customer Number or Bar Code Label 022469 OR Correspondence address below | , | | | | | | | | |
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| Direct all correspondence to: Customer Number or Bar Code Label 022469 OR Correspondence address below | , | | | | | | | | |
| Name Gerard Weiser - IP Department Address Schnader Harrison Segal & Lewis LLP Address 1600 Market Street, Suite 3600 | , | | | | | | | | |
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| City Philadelphia State PA 7IP 19103 | 00 Market Street, Suite 3600 | | | | | | | | |
| | 03 | | | | | | | | |
| Country US Telephone 215-751-2427 Fax 215-751-2658 | | | | | | | | | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | | | | |
| Name of Sole or First Inventor: A petition has been filed for this unsigned inventor | | | | | | | | | |
| Given Name (first and middle [if any]) | | | | | | | | | |
| Li Fang | | | | | | | | | |
| Inventor's Signature Date | | | | | | | | | |
| Residence: City New York State NY Country US Citizenship | | | | | | | | | |
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| City New York State NY ZIP 10029 Country US | | | | | | | | | |
| Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto | | | | | | | | | |

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

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|--|--|------------------------|----|-------|------------------------|-----------------|----------|------------|------------|-------|
| Name of Addition | al Joint Inventor, if any | r : | | / | A petitio | n has been file | d for th | is unsigne | ed inve | entor |
| Given Na | | Family Name or Surname | | | | | | | | |
| Weining | | | | Jiang | | | | | <u>_</u> _ | |
| Inventor's Signature | | | | | | | | | | |
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| Post Office Address | | T1 | | · | | · | | | | |
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| Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor | | | | | | | | entor | | |
| Given Name (first and middle [if any]) | | | | | Family Name or Surname | | | | | |
| Masanori Mitta | | | | | | | | | | |
| Inventor's Signature | | | | | | | | | Date | |
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| Post Office Address | | | | | | | | | | |
| City | Kyoto | State | | | ZIP | 610-03 | Cou | ntry Ja | apan | |
| Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor | | | | | | | | | | |
| Given Name (first and middle [if any]) | | | | | Family Name or Surname | | | | | |
| Masayori | | | | Inou | ye | | | | | |
| Inventor's Signature | | | | | | | | Da | te | |
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| Post Office Address | Apartment 107B, 280 Ri | ber Road | l | | _ | <u></u> | | | | |
| Post Office Address | | | | | · _f | | | | F | |
| City | Piscataway | State | NJ | | ZIP | 08854 | | Country | US | |

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

| Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor | | | | | | | | | entor | |
|--|--------------------------------|-------|---------------------------------------|------------------------|----------|-------------|----------------|-------------|-------------|-----|
| Given Na | me (first and middle [if any]) | | | Family Name or Surname | | | | | | |
| Jean-Pierre | | | | Etch | egaray | | | | | |
| Inventor's Signature | Date | | | | | | | | | |
| Residence: Ćity | Highland Park | State | NY | | Country | US | | Citizensh | nip | |
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| Post Office Address | | | | | <u>-</u> | | | | | |
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| Given Na | | | Family Name or Surname | | | | | | | |
| | | | | | | | | | | |
| Inventor's Signature | | | | | | | | Da | te | |
| Residence: City | | State | | | Country | | | Citizer | nship | |
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| Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor | | | | | | | | entor | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | | | | |
| | | | | | | | | | | |
| Inventor's Signature | | | | | | | | Da | ite | |
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